

## State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
OFFICE OF CONSUMER PROTECTION
REGULATED BUSINESS SECTION

124 Halsey Street, 7th Floor, P.O. Box 45028, Newark, NJ 07101

## **Telemarketer Registration Form**

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Notice: Any changes, additions or deletions to this information must be reported to the Regulated Business Section within 30 days.

Please print clearly. You must answer all of the questions on this application. (Attach additional sheets of paper as necessary, identifying the question to which they provide a response.)

. Name of te	elemarketing entity ("applicant")			
(Include a	copy of the filed Certificate of Authority	or Certificate of Incorpora	tion, or trade name regi	istration.)
. List all oth	er names under which the applicant does	business:		
(Include a	copy of the Registration of Alternate Nan	ne.)		
Principal a	ddress			
_	Street (no post office boxes)	City	State	ZIP code
Telephone	number	_ F	ax number	
	(include area code)		(incl	lude area code)
E-mail		_		
of 10 perce	me, residence and business street addre- ent or more in the telemarketing business the partnership must be listed.	-	-	-
		Name		
	Business street address	City	State	ZIP code
	Home street address	City	State	ZIP code
	Business telephone number (include area code)			
Oth	per names by which known or previously known	Title	Darce	entage of ownership

	Name		
	Name		
Business street address	City	State	ZIP code
Home street address	City	State	ZIP code
Business telephone number (include area code)			
Other names by which known or previously known	Title	Percent	age of ownership
	Name		
Business street address	City	State	ZIP code
Home street address	City	State	ZIP code
Business telephone number (include area code)			
Other names by which known or previously known	Title	Percent	age of ownership
Provide the name and address of an agent in the Star	te of New Jersey for service o	i process.	
Provide the name and address of an agent in the Sta	Name	i process.	
Provide the name and address of an agent in the State	•	State	ZIP code
	Name		ZIP code
Street address (no post office boxes)	Name City to New Jersey residents on bel	State nalf of the applicant,	check here $\square$ .
Street address (no post office boxes)  Telephone (include area code)  If the applicant is making telemarketing sales calls t  List the name(s) and address(es) of any other seller	Name City to New Jersey residents on bel	State nalf of the applicant,	check here $\square$ .
Street address (no post office boxes)  Telephone (include area code)  If the applicant is making telemarketing sales calls t  List the name(s) and address(es) of any other seller	City to New Jersey residents on beler for whom the applicant will	State nalf of the applicant,	check here $\square$ .
Street address (no post office boxes)  Telephone (include area code)  If the applicant is making telemarketing sales calls t  List the name(s) and address(es) of any other seller residents.	City to New Jersey residents on belar for whom the applicant will  Seller's name	State  nalf of the applicant,  make telemarketing	check here □ . g sales calls to New
Street address (no post office boxes)  Telephone (include area code)  If the applicant is making telemarketing sales calls t  List the name(s) and address(es) of any other seller residents.  Street address (no post office boxes)	City to New Jersey residents on bell r for whom the applicant will  Seller's name  City	State  nalf of the applicant,  make telemarketing	check here □ . g sales calls to New
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List all street addresses from which the app address, provide all of the telephone numb telephone service provider (local and long-	ers from which the applic	ant will be mak		
Street address  Provide the telephone service provider:	City	State	ZIP code	(Country)
Local telephone service provider for telephone numbers listed below			Long-distance telephone serve for telephone numbers liste	-
Telephone (include area code/country code)			Telephone (include area co	de/country code)
Telephone (include area code/country code)			Telephone (include area co	de/country code)
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Telephone (include area code/country code)			Telephone (include area co	de/country code)
Street address	City	State	ZIP code	(Country)
Provide the telephone service provider:				
Local telephone service provider for telephone numbers listed below			Long-distance telephone servi for telephone numbers liste	•
Telephone (include area code/country code)			Telephone (include area co	de/country code)
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Telephone (include area code/country code)			Telephone (include area co	de/country code)
Telephone (include area code/country code)			Telephone (include area co	de/country code)

res, provide the name and address of each	n government agency and the date of authorization.  Date (mm/dd/yyyy)
	Name
Street address	City State ZIP code
Has the applicant ever had any authorization as a and/or voluntarily terminated in lieu of a discip	a telemarketer (license, registration, permit, etc.) denied, cancelled, revoked, suspende olinary investigation or action?
ff "Yes," provide the date of the action (mm/dongency (e.g. denial, cancellation, revocation, s	d/yyyy); the name and address of the government agency and the action taken by the uspension and/or voluntarily termination).
Date (mm/dd/yyyy)	Name and address of government agency
	Action taken
Date (mm/dd/yyyy)	Name and address of government agency
	Action taken
s there any such litigation presently pending?	$\Box$ Yes $\Box$ N dd/yyyy); the name and address of the government agency; the name of the entit
s there any such litigation presently pending?  If "Yes," provide the date of the action (mm/o	$\Box$ Yes $\Box$ N dd/yyyy); the name and address of the government agency; the name of the entit
s there any such litigation presently pending? If "Yes," provide the date of the action (mm/operson(s) against whom action was taken; and	☐ Yes ☐ Ndd/yyyy); the name and address of the government agency; the name of the entit the disciplinary action.
s there any such litigation presently pending?  If "Yes," provide the date of the action (mm/oberson(s) against whom action was taken; and  Date (mm/dd/yyyy)	☐ Yes ☐ N  dd/yyyy); the name and address of the government agency; the name of the entit the disciplinary action.  Name and address of government agency
s there any such litigation presently pending?  If "Yes," provide the date of the action (mm/oberson(s) against whom action was taken; and  Date (mm/dd/yyyy)  Name of entity/person	dd/yyyy); the name and address of the government agency; the name of the entit the disciplinary action.  Name and address of government agency  Action taken/pending
s there any such litigation presently pending?  If "Yes," provide the date of the action (mm/operson(s) against whom action was taken; and  Date (mm/dd/yyyy)  Name of entity/person  Por the purposes of question number 10, a judy finding or admission that the entity, office ice or practices related to fraud and/or decept pation or trade, regardless of whether that find	Yes   New dd/yyyy); the name and address of the government agency; the name of the entity the disciplinary action.    Name and address of government agency
Sthere any such litigation presently pending?  If "Yes," provide the date of the action (mm/operson(s) against whom action was taken; and  Date (mm/dd/yyyy)  Name of entity/person  Part (mm/dd/yyyy)  Name of entity/person  For the purposes of question number 10, a judy finding or admission that the entity, office ice or practices related to fraud and/or decept pation or trade, regardless of whether that find ension or revocation of an organization's authoragreement with any state or other government. Has the applicant and/or the applicant's officer	dd/yyyy); the name and address of the government agency; the name of the entite the disciplinary action.  Name and address of government agency  Action taken/pending  Name and address of government agency  Action taken/pending  digment of liability in an administrative or civil action shall include, but not be limited to trace trace and/or related to the authorization to do business or practice aling was made in the context of an injunction or a proceeding resulting in the deniarization, consented to in an assurance of voluntary compliance or any similar order tragency.  s, directors, principals or owners been convicted of violating any of the provisions are listed in N.J.A.C. 13:45D-3.3 or the equivalent provisions of any other jurisdiction
s there any such litigation presently pending?  If "Yes," provide the date of the action (mm/operson(s) against whom action was taken; and  Date (mm/dd/yyyy)  Name of entity/person  Port the purposes of question number 10, a judy finding or admission that the entity, office ice or practices related to fraud and/or decept pation or trade, regardless of whether that find ension or revocation of an organization's author agreement with any state or other government. Has the applicant and/or the applicant's officer the "New Jersey Code of Criminal Justice" that after the "Yes," provide the date of the action (mm/off "Yes," provide the date of the action (mm/off).	Action taken/pending  Name and address of government agency  Action taken/pending  Name and address of government agency  Action taken/pending  Action taken/pending  Include, but not be limited by the context of a telemarketing business engaged in an unlawful tive trade practices and/or related to the authorization to do business or practice a ling was made in the context of an injunction or a proceeding resulting in the deniarization, consented to in an assurance of voluntary compliance or any similar order of tagency.  In Yes Note the entity the name of the entity the name of the entity the deniarization taken/pending to the provisions of any other jurisdiction or a proceeding resulting in the deniarization, consented to in an assurance of voluntary compliance or any similar order of tagency.  In Yes Note the entity the entity the entity the deniarization taken/pending the entity that the entity the entity that

Rehabilitation

b.	
Date (mm/dd/yyyy)	Name and address of government agency
Name of entity/person	Action taken

Rehabilitation

## **CERTIFICATION**

I, as a principal officer of the applicant, understand that this registration will be accepted only if the requirements of the Consumer Fraud Act ("Act"), N.J.S.A. 56:8-119 to N.J.S.A. 56:8-135, and the regulations promulgated under the Act have been met.

I certify that all of the information provided in connection with the application is true to the best of my information, knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Division of Consumer Affairs ("the Division").

I agree to cooperate fully with any request by the Attorney General or the Division to provide any assistance or information and to produce any records requested by the Division, and to cooperate in any inquiry, investigation or hearing conducted by the Division.

Name of applicant		
•		
Your name (please print)		
4 1 /		
Your signature		
5		
Your title		
Date		

The applicant must submit the following to: Regulated Business Section 124 Halsey Street, 7th Floor

P.O. Box 45028

Newark, New Jersey 07101

- (1) Completed registration form;
- (2) Check or money order payable to "The Division of Consumer Affairs" for the applicable fee; and
- (3) Supporting documentation.

**Note:** The application fee is nonrefundable.

Fees - Based on telephone numbers used in telemarketing

- 1-5 Telephone numbers \$ 150.00
- **6 15** Telephone numbers \$ 500.00
- **16** + **Telephone numbers** \$ **2**,000.00